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ABSTRACT

Estimates suggest that about 15% of all children have some form of mental disturbance. Potential causes can be of a physical, psychological, or environmental origin. Symptoms which indicate that a child needs professional help usually involve emotional overreaction to changes. Diagnosis of a child evidencing symptoms of mental illness should take place in a facility where a wide range of mental health professionals is available. Various settings for treatment and types of professional personnel are currently available, as are several forms of treatment. Education for mentally ill children has been mandated by federal laws in order to integrate these children among their peers. The National Association for Mental Health has issued a comprehensive program for mentally ill children which includes referral services, developmental and psychoeducational assessment, treatment, special education programs, rehabilitation, residential care, transitional services, relief services, and periodic evaluation and followup. For better mental health, all children should receive love, security, acceptance, control, guidance, independence, protection, and faith from their families. (Author/NRB)

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MENTALLY ILL CHILDREN

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Mentally Ill Children

Overview:

No child is immune from mental illness! It is estimated that about 15% of our children have some form of mental disturbance; that is over 8 million youngsters. Such childhood mental illness rarely shows up overnight. Their problems are usually long-standing, come on gradually, and vary in intensity - and much of the behavior of disturbed children differs only in degree and frequency from that of healthy children. For example - anger, fear, and resisting authority are all behavior patterns which most children demonstrate. However, among disturbed children they may display them more often, with greater intensity, or with less provocation.

Preventive measures can be taken against mental sickness, but just as with physical illness, a child can still become afflicted with a mental disturbance. Among these mentally ill children, a small group suffer from serious mental disorders: psychotic; schizophrenic; autistic; borderline psychotic; severe neurotic; or suffering from severe behavioral disorders.

Current thinking suggests a number of potential causes for such illnesses - some arising from within the child and some arising from external sources. These may involve physical causes, such as brain damage before, during, or after birth. Others may arise from the child's psychological make-up and/or his living environment, and there is mounting evidence that poverty and discrimination may be contributing factors.

What to look for:

Parents, teachers, and others who come in contact with children should be aware of symptoms that may indicate the child needs professional help. They should insure that a child with such symptoms sees someone qualified to diagnose mental illness. Mentally disturbed children over-react to new problems and changes in their lives. Their emotional reactions to these situations

are intense; they are not temporary; and the the usual (normal) preoccupations, fantasies, dreams and fears surrounding an experience do not diminish over time. Such disturbed youngsters continue to be troubled, preoccupied, and fearful of new difficulties. The common symptoms (mood) is unhappiness.

Typically, mentally ill children have difficulties in almost every aspect of their daily lives. They may be perplexed, unhappy, depressed, unstable, rebellious, withdrawn or fearful. In their relations with others they are extreme - either very intense or unusually lacking. They may also evidence speech or language problems and may experience difficulties in sorting out their relationships with other people and objects. They may express their distressed, upset feelings in undesirable behavior such as disobedience, temper tantrums, or fighting. On the other hand, they may evidence withdrawn behavior and being unable to respond appropriately to what is going on around them.

Such mentally ill children need the help of a mental health professional who can objectively determine the factors that are disturbing the child's equilibrium and can make diagnoses and develop appropriate treatment plans. Currently it is believed that the best treatment is a combination of the insights of an objective professional and the involvement of those people important to the child: a non-professional, concerned individual should not underestimate the value of his involvement in the child's therapy!

Diagnosis and treatment:

The diagnosis of a child evidencing symptoms of mental sickness is a guideline. It helps to suggest and describe some of the child's needs and the mental health services appropriate to help resolve the child's mental health problem. If possible, the diagnosis should take place in a facility where a wide range of mental health professionals is available. (Mental Health Associations are a good resource in locating proper services for such assistance. Through information and referral services - usually a basic program of Mental Health Associations - one can discover where to turn for such services).

Locating the wide variety of services required for effective treatment of mentally disturbed children and the often-needed supportive services and assistance for their families, can be quite difficult. Essentially, this is because what is usually needed cannot be adequately furnished by one thing, but many. For example, in addition to locating clinics and other facilities offering diagnosis, evaluation, education, and treatment, parents may also have need for making arrangements of suitable transportation, camps, specially trained baby sitters, tutors, and educational material - to mention but some of these needs! Fortunately there are professionally qualified people to help, both in locating needed resources and how to obtain them. They might be family doctors, pediatricians, community/health centers, schools, and public health departments.

The actual setting for treatment may be a community mental health center, a mental health clinic, or the office of a mental health practitioner in private practice. The professional personnel furnishing the therapy services are primarily psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses. Other para-professional assistants, such as mental health workers and psychiatric aides are often involved in treatment programs for mentally disturbed children.

The forms of treatment vary. It may be individual - where the child is seen by a therapist alone. It could be group therapy - where children with similar mental problems work together with the therapist. Yet another method, family sessions, involve both child and family meeting together with the therapist. As appropriate, medication is prescribed to reduce the symptoms of the illness, and the therapy techniques may involve children in play, music, dance, or art participation. Obviously the length of time needed for mentally disturbed children to remain in therapy will vary, dependent upon the seriousness

of their condition and how well they respond to treatment.

The broad objectives of mental health therapies are to assist the child to become better adjusted; i.e. learn to cope with life as it is, happier individuals, and more comfortable with themselves and others. By means of the treatment, the therapist strives to help the child:

- increase self-esteem; i.e. raise his S-E Q (Self-Esteem Quotient!)
- cope with normal amounts of stress
- understand themselves better
- compromise on things where perfect solutions are not possible; i.e. most situations in life !
- express feelings in appropriate ways
- meet the demands of life - comfortably

Education for mentally ill children:

A federal law, Education for All Handicapped Children (PL 94-142) states that mentally ill children should receive their education in public schools as long as that is considered best for them. This idea is called placement in the least restricted environment. Of course, children with more extreme needs might still be best served by offering them a separate environment. Essentially, the goal of education plans for the mentally handicapped children is to educate and integrate them among their peers, and not isolate them from the society and community of which they are a part. To-day, by law, education plans for the mentally ill must include input from the parents or parent representatives of such children.

A program for mentally ill children:

The National Association for Mental Health, in 1969, issued a position paper which reflected, in broad outline, a practical and comprehensive program for mentally ill children. This program embraced the following services:

1- Informational-referral services easily accessible and equipped to direct families to available services, resources, and facilities.

2- Comprehensive developmental and psycho-educational assessment of each child's special treatment and educational needs should be made as early as possible by a team that may include a pediatrician, psychiatrist, social worker, neurologist, psychologist, speech and language pathologist, ophthalmologist, audiologist, educational specialist, and/or any other professional disciplines available and considered essential for the proper placement of the disturbed child. Highest priority should be given the development of services for comprehensive assessment of dysfunction.

(The assessment services should assume responsibility for following up recommendations and referrals and for on-going, periodic re-evaluations to make certain the appropriate and adequate community treatment, training, and educational facilities are made available to meet the recommendations of the assessment service.)

3- Treatment for the child and his family when indicated. Psychiatric, psychological, social work and other support services should be available as needed.

4- Special Education Programs must be an integral part of the continuum of services to be provided.

(a) Pre-School Home Training Programs for the special training and education of disturbed children and for the guidance and counseling of their parents. Early identification and intervention can reduce and sometimes eliminate the severity of a child's mental and emotional disorder.

(b) Regular nursery school can help children who show inadequacies of cognitive and coping skills. For children who are too disturbed or disruptive to be contained in a regular nursery school, special nursery schools

offering a variety of techniques and approaches to correct or reduce maladaptive behavior should be available.

(c) Regular public school classes can provide the best setting for the education of certain numbers of mentally ill children so long as there are available individuation of instruction, flexibility of programming, and the acceptance and understanding of the child's educational and behavioral problems and needs.

(d) Special classes within regular schools offer advantages for those children who need a somewhat more intensive course of treatment. Those classes are usually close to the child's home and can be partially integrated with regular classes.

(e) Special schools should be established under public school auspices or by voluntary agencies with governmental and public support for children who, because of the severity of their disturbances cannot be accommodated in special classes within a regular school.

5- Rehabilitation is needed to provide a planned and purposeful process of restoration, remediation, and psycho-social adjustment. Depending on the "trainability" or "educability" potential of the individual, the goals of rehabilitation may involve anything from improvement in self-care or socializing skills to preparation for vocational and professional careers. The programs in such rehabilitational facilities should include special education, individual and group guidance, organized recreational and socializing experiences, sheltered workshops and prevocational training for protective work experiences and skills.

6- Residential care may be provided by foster homes, group residences, residential treatment centers, sheltered villages or hospital settings. It is essential that these facilities offer milieu treatment and have adequate re-

sources for medical care, psychological and psychiatric consultation, special education and other support services.

7- Transitional services must provide the resources to meet the inability of the family to provide support for adaptive functioning of the child; the inability of the school to provide adjusted educational services; the infrequent availability in the community of intensive out-patient treatment of other services for the child and his family, or some combination of these. Transitional services may include partial hospital care - as in day or night hospitals; halfway houses and hotels; and social habilitation programs.

(In offering transitional services to children and adolescents, it is necessary to recognize that hospitalization is usually deemed necessary when the child's maladaptive behavior is acute and overtaxes the supports offered either in the home or in the community; especially the school. The child's inability to assume independence of functioning is often the chief obstacle to early release from hospital care to outpatient status. This highlights the need generally for more adequate community-based services, and most particularly the need for transitional services.)

8- Relief Services for the families of children severely disturbed and mentally ill should be provided. In any plan to provide partial hospitalization and transition services, the goal should be utilized for supportive services to keep the family intact. Examples of above supportive services are: OEO programs; foster grandparents; baby-sitting; homemaker services; public health nursing and home-bound services.

9- Within the system of services there should be periodic assessment evaluation and follow-up to ascertain that the child is maximizing benefits from the system.

For better mental health:

All children need, in order to grow physically healthy and strong, good

food, plenty of sleep, exercise and fresh air. For better mental health, all children require:

Love:

Each child needs to feel

- 1- loved and wanted
- 2- that he matters very much to someone
- 3- that there are people near him who care what happens to him.

Security:

Every child needs to know

- 1- that her home is a good safe place she can feel sure about
- 2- that her parents or other protective adults will always be on hand, especially in times of crisis when she need them most.
- 3- that she belongs to a group; that there is a place where she fits in.

Acceptance:

Every child needs to believe

- 1- that he is liked for himself, just the way he is
- 2- that he is liked all the time, and not only when he acts according to other's ideas of the way a child should act
- 3- that he is always accepted, even though others may not approve of the things he does
- 4- that he will be able to grow and develop his own way.

Control:

Every child needs to know

- 1- that there are limits to what she is permitted to do and that she will be held to these limits
- 2- that though it is all right to feel jealous or angry, she will not be allowed to hurt herself or others when she has these feelings.

Guidance :

Every child needs to have

- 1- friendly help in learning how to behave toward persons and things

2- adults around him who show him by example how to get along with others.

Independence:

Every child needs to know

- 1- that she will be encouraged to try new things and to grow
- 2- that there is confidence in her and her ability to do things for herself and by herself.

Protection:

Every child needs to feel

- 1- that he will be kept safe from harm
- 2- that when he must face strange, unknown and frightening situations, someone will be there to help.

Faith:

Every child needs to have

- 1- a set of moral standards to live by
- 2- a belief in the human values - kindness, courage, honesty, generosity and justice.

Some last thoughts

There are no easy formulas for rearing mentally healthy children , and parents should not be misled into believing there are. In the process of reaching maturity there may be confusion, anxiety, and growing pains for both children and their parents. No system of child-rearing will provide predictable results. But there are a few basic factors that seem to play a very important part in helping children grow well. The first is the emotional state of the parents - the degree to which they have had positive experiences in growing up. When parents have not had happy childhoods, they are likely to be unhappy about the prospect of providing a happy home life for their children. Some parents find themselves completely helpless to deal with the child and his demands. They frequently blame themselves when they fail to find the happiness

they expected in the "ideal" family. But careful thought, the courage to change, and the wisdom to seek for more useful information and insights into the needs of children, helps parents to overcome difficulties.

The second crucial factor in child-rearing seems to be the degree to which a parent can allow his child to grow by himself, without forcing him into satisfying the dreams of his parents. When a child feels loved for himself, he has the strength and the motivation to discover and achieve his potentialities, knowing that he does so with approval and encouragement. If a child feels he must live up to the expectations of others, regardless of his own unique potentialities, he begins to hate himself and to see himself as unlovable for being unable to please his parents without stifling his own needs and expectations.

A third crucial factor is the degree to which the total community environment seems to be "for" or "against" children. If a child has serious problems in his home environment, he can develop very well as a human being if he is made to feel valued and important at school, on the playground, and in his neighborhood. On the other hand, no matter how warm and loving one's experiences may be within a family, if the neighborhood, the school, the city, or the nation doesn't care what happens to individuals, children may well suffer because of this anti-individuals viewpoint.

One final observation - we are slowly beginning to understand that it takes courage and good sense to get the professional help that is needed for mentally ill children - and that seeking and obtaining such help is not a crutch for the weak but rather is sensible, realistic help for the brave!

1980